

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6		5					56					
7		5					57					
8		5					58					
9		5					59					
10		5					60					
11	1		1				61					
12	1		1				62					
13	1		1				63					
14	1		1				64					
15	1		1				65					
16	1		1				66					
17	1		1				67					
18	1		1				68					
19			1				69					
20			1				70					
21			1				71					
22			1				72					
23							73					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			2				TOTAL IND.					
TOTAL DEP.			20				TOTAL DEP.					
TOTAL CLAIMS			22				TOTAL CLAIMS					